



CARDIAC RHYTHM MANAGEMENT SYSTEM **WITH TIME-DEPENDENT FREQUENCY RESPONSE**

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Technical Field

This invention relates generally to cardiac rhythm management systems and particularly, but not by way of limitation, to a cardiac rhythm management system with a time-dependent frequency response for sensed heart signals.

Background

10 When functioning properly, the human heart maintains its own intrinsic rhythm, and is capable of pumping adequate blood throughout the body's circulatory system. However, some people have irregular cardiac rhythms, referred to as cardiac arrhythmias. Such arrhythmias result in diminished blood circulation. One mode of treating cardiac arrhythmias uses drug therapy. Drugs
15 are often effective at restoring normal heart rhythms. However, drug therapy is not always effective for treating arrhythmias of certain patients. For such patients, an alternative mode of treatment is needed. One such alternative mode of treatment includes the use of a cardiac rhythm management system. Such systems are often implanted in the patient and deliver therapy to the heart.

20 Cardiac rhythm management systems include, among other things, pacemakers, also referred to as pacers. Pacers deliver timed sequences of low energy electrical stimuli, called pace pulses, to the heart, such as via a transvenous leadwire or catheter (referred to as a "lead") having one or more electrodes disposed in or about the heart. Heart contractions are initiated in
25 response to such pace pulses (this is referred to as "capturing" the heart). By properly timing the delivery of pace pulses, the heart can be induced to contract in proper rhythm, greatly improving its efficiency as a pump. Pacers are often used to treat patients with bradyarrhythmias, that is, hearts that beat too slowly, or irregularly.

30 Cardiac rhythm management systems also include cardioverters or defibrillators that are capable of delivering higher energy electrical stimuli to the heart. Defibrillators are often used to treat patients with tachyarrhythmias, that is, hearts that beat too quickly. Such too-fast heart rhythms also cause

diminished blood circulation because the heart isn't allowed sufficient time to fill with blood before contracting to expel the blood. Such pumping by the heart is inefficient. A defibrillator is capable of delivering an high energy electrical stimulus that is sometimes referred to as a defibrillation countershock. The countershock interrupts the tachyarrhythmia, allowing the heart to reestablish a normal rhythm for the efficient pumping of blood. In addition to pacers, cardiac rhythm management systems also include, among other things, pacer/defibrillators that combine the functions of pacers and defibrillators, drug delivery devices, and any other systems or devices for diagnosing or treating cardiac arrhythmias.

One problem faced by cardiac rhythm management devices is the sensing of intrinsic heart signals. These electrical signals, which are commonly viewed on an electrocardiograph (ECG) display monitor, are produced by the body itself, and include depolarizations that result in heart contractions. For example, a sinoatrial node provides depolarization impulses, referred to as P-waves, that are normally conducted through atrial tissue, resulting a contraction of the atrial chamber of the heart. Such conducted atrial impulses normally reach the atrioventricular node, which then normally provides a resulting ventricular depolarization impulse, referred to as a QRS complex, that is conducted through the ventricular tissue, resulting in a contraction of the ventricular chamber of the heart. The intrinsic heart signals also include repolarizations, such as a T-wave that is generated as the ventricle relaxes and fills with blood before its next contraction. Thus, heart signals include various "events," including depolarizations (e.g., P-waves and QRS complexes), and also including repolarizations (e.g., T-waves).

It is important for a cardiac rhythm management device to be capable of distinguishing between various events sensed on such intrinsic heart signals, in order to ensure that appropriate therapy is delivered to the patient based on the sensed intrinsic heart signal. However, certain events, such as depolarizations and repolarizations, include similar frequency contents, making discrimination between these events difficult. There is a need for improved techniques of sensing intrinsic heart signals.

Summary

This document describes, among other things, a cardiac rhythm management system with a time-dependent frequency response for sensed heart signals. A change in the frequency response is triggered by a sensed or evoked
5 event to make it less sensitive to the detection of a subsequent event for a period of time. This provides better discrimination between particular events included in a heart signal so that appropriate therapy can be delivered to the patient based such events.

In one embodiment, the cardiac rhythm management system includes a
10 sensing circuit for sensing a heart signal, the sensing circuit having a frequency response that is time-dependent during a first time period initiated by one of an evoked or an intrinsic event of the heart signal.

In another embodiment, the cardiac rhythm management system, includes an electronics unit. The electronics unit includes a therapy circuit, a sensing
15 circuit for sensing a heart signal of a heart, and a bandpass filter, included in the sensing circuit. The bandpass filter includes a frequency response that is time-dependent during a first time period initiated by one of an evoked or an intrinsic event of the heart signal. A leadwire is coupled to the electronics unit. A
programmer, remote from and communicatively coupled to the electronics unit,
20 includes a parameter controlling one of: (a) the frequency response of the bandpass filter, and (b) the duration of the first time period.

In another embodiment, the cardiac rhythm management system includes the following method. A heart signal that includes an intrinsic event is received from a heart. The heart signal is filtered to attenuate frequencies outside a
25 frequency range having a first frequency range value. The event is detected. The frequency range is adjusted from the first frequency range value to a second frequency range value in response to the detection of the event.

In another embodiment, the cardiac rhythm management system includes the following method. A heart signal that includes an intrinsic event is received
30 from a heart. A stimulation is provided to the heart for obtaining an evoked event. The heart signal is filtered to attenuate frequencies outside a first frequency range value. The intrinsic event is detected. The frequency range is narrowed from the first frequency range value to a second frequency range value

in response to (a) the detection of the intrinsic event, and (b) the providing the stimulation. The frequency range is widened from the second frequency range value, such that the frequency range approaches the first frequency range value after a first time period from (a) the detection of the intrinsic event and (b) the providing the stimulation. Other aspects of the invention will be apparent on reading the following detailed description of the invention and viewing the drawings that form a part thereof.

Brief Description of the Drawings

In the drawings, like numerals describe substantially similar components throughout the several views. Like numerals having different letter suffixes represent different instances of substantially similar components.

Figure 1 is a schematic drawing illustrating one embodiment of portions of a cardiac rhythm management system and an environment in which it is used.

Figure 2 is a schematic drawing illustrating one embodiment of portions of a cardiac rhythm management device and electrodes coupled to the heart, the device including a sensing circuit in which a frequency response is adjusted.

Figure 3 is a flow chart illustrating one embodiment of operating a cardiac rhythm management device.

Figure 4 is a flow chart illustrating another embodiment of operating a cardiac rhythm management device in which a sensed or evoked event (e.g., a ventricular sense or pace) triggers an increase in a highpass pole frequency for a period of time.

Figure 5 is a signal flow graph, corresponding to the flow chart of Figure 4, illustrating an intrinsic heart signal and frequency bandwidths of portions of the sensing circuit, in which a sensed event (e.g., a QRS complex) triggers an increase in a highpass pole frequency for a period of time.

Figure 6 is a signal flow graph, corresponding to the flow chart of Figure 4, illustrating an intrinsic heart signal and frequency bandwidths of portions of the sensing circuit, in which an event (e.g., a QRS complex) triggers an increase in a highpass pole frequency, followed by a gradual decrease in the highpass pole frequency during a period of time.

Figure 7 is a signal flow graph, corresponding to the flow chart of Figure 4, in which an evoked event (e.g., a QRS complex) triggers an increase in the highpass pole frequency for a period of time.

Figure 8 is a flow chart illustrating another embodiment of operating a cardiac rhythm management device in which a sensed or evoked event (e.g., an atrial sense of pace) triggers a decrease in a lowpass pole frequency for a period of time.

Figure 9 is a signal flow graph, corresponding to the flow chart of Figure 8, illustrating an intrinsic heart signal and frequency bandwidths of portions of the sensing circuit, in which a sensed event (e.g., a P-wave) triggers a decrease in a lowpass pole frequency for a period of time.

Figure 10 is a signal flow graph, corresponding to the flow chart of Figure 8, illustrating an intrinsic heart signal and frequency bandwidths of portions of the sensing circuit in which an event (e.g., a P-wave) triggers a decrease in a lowpass pole frequency, followed by a gradual increase in the lowpass pole frequency during a period of time.

Figure 11 is a signal flow graph, corresponding to the flow chart of Figure 8, in which an evoked event (e.g., a P-wave) triggers a decrease in the lowpass frequency.

Figure 12 is a flow chart illustrating another embodiment of operating a cardiac rhythm management device in which a sensed or evoked event (e.g., a QRS complex) triggers a narrowing of a passband bandwidth for a period of time.

Figure 13 is a signal flow graph, corresponding to the flow chart of Figure 12, illustrating an intrinsic heart signal and frequency bandwidths of portions of the sensing circuit, in which a sensed event (e.g., a QRS complex) narrows a passband bandwidth for a period of time.

Figure 14 is a signal flow graph, corresponding to the flow chart of Figure 12, illustrating an intrinsic heart signal and frequency bandwidths of portions of the sensing circuit in which an event (e.g., a QRS complex) triggers a narrowing of a passband, followed by a gradual increase in the passband during a period of time.

Figure 15 is a signal flow graph, corresponding to the flow chart of Figure 12, in which an evoked event (e.g., a QRS complex) narrows a passband bandwidth for a period of time.

Figure 16 is a schematic diagram illustrating one embodiment of portions of a cardiac rhythm management device and electrodes coupled to the heart, the device including a sensing circuit in which a gain and a bandwidth of a frequency response is adjusted.

Figure 17 is a flow chart illustrating another embodiment of operating a cardiac rhythm management device in which a sensed or evoked event (e.g., a QRS complex) triggers a narrowing of a passband bandwidth and a decrease in gain for a period of time.

Figure 18 is a signal flow diagram, corresponding to the flow chart of Figure 17, illustrating an intrinsic heart signal and frequency response of portions of the sensing circuit, in which a sensed event (e.g., a QRS complex) decreases a passband bandwidth and gain for a period of time.

Figure 19 is a signal flow graph, corresponding to the flow chart of Figure 17, illustrating an intrinsic heart signal and frequency bandwidths of portions of the sensing circuit in which an event (e.g., a QRS complex) triggers a decrease in a passband bandwidth and gain, followed by a gradual increase in the passband bandwidth and gain during a period of time.

Figure 20 is a signal flow graph, corresponding to the flow chart of Figure 17, in which an evoked event (e.g., a QRS complex) decreases a passband bandwidth and gain for a period of time.

Detailed Description

In the following detailed description, reference is made to the accompanying drawings which form a part hereof, and in which is shown by way of illustration specific embodiments in which the invention may be practiced. These embodiments are described in sufficient detail to enable those skilled in the art to practice the invention, and it is to be understood that the embodiments may be combined, or that other embodiments may be utilized and that structural, logical and electrical changes may be made without departing from the spirit and scope of the present invention. The following detailed description is, therefore, not to be taken in a limiting sense, and the scope of the present invention is

defined by the appended claims and their equivalents. In the drawings, like numerals describe substantially similar components throughout the several views. Like numerals having different letter suffixes represent different instances of substantially similar components.

5 This document describes, among other things, a cardiac rhythm management system with a time-dependent frequency response for sensed heart signals. A change in the frequency response is triggered by a sensed or evoked event to make it less sensitive to the detection of a subsequent event for a period of time. This provides better discrimination between particular events included
10 in a heart signal so that appropriate therapy can be delivered to the patient based such events.

Figure 1 is a schematic drawing illustrating, by way of example, but not by way of limitation, one embodiment of portions of a cardiac rhythm management system 100 and an environment in which it is used. In Figure 1,
15 system 100 includes an implantable cardiac rhythm management device 105, also referred to as an electronics unit, which is coupled by an intravascular endocardial lead 110 to a heart 115 of patient 120. System 100 also includes an external programmer 125 providing wireless communication with device 105 using a telemetry device 130. Lead 110 includes a proximal end 135, which is
20 coupled to device 105, and a distal end 140, which is coupled to one or more portions of heart 115.

Figure 2 is a schematic drawing illustrating, by way of example, but not by way of limitation, one embodiment of portions of cardiac rhythm management device 105, and electrodes 200A-B coupled to heart 115. In this
25 embodiment device 105 includes a power source 205. A sensing circuit 210 senses intrinsic heart signals obtained at electrodes 200A-B or otherwise. A therapy circuit 215 is coupled to electrodes 200A-B, or to other electrodes coupled to heart 115, for delivering pacing stimulations and/or defibrillation countershock therapy. A microprocessor or other controller 220 receives signals
30 from, and provides control signals to, sensing circuit 210 and therapy circuit 215.

Sensing circuit 210 includes continuous-time and/or discrete-time (e.g., switched capacitor) amplification and filter circuits, which provide an overall frequency response of sensing circuit 210. In one embodiment, controller 220

includes a frequency control module 225 for providing control signals for adjusting a frequency response of portions of sensing circuit 210, as discussed below. The frequency response is adjusted in response to a detected event obtained from the intrinsic heart signal and/or an evoked event obtained by providing therapy (e.g., a pacing stimulation) from therapy circuit 215.

Figure 3 is a flow chart illustrating generally, by way of example, but not by way of limitation, one embodiment of operating device 105. At step 300, if an intrinsic event on the heart signal is detected by sensing circuit 210, or if therapy circuit 215 delivers therapy to evoke an event on the heart signal, then at step 305, a frequency response of sensing circuit 210 is adjusted. At step 310, after a first time period the frequency response of sensing circuit 210 is then restored, to its value prior to step 305, until another detected or evoked event occurs at step 300.

Example with Highpass Pole

Figure 4 is a flow chart illustrating generally, by way of example, but not by way of limitation, another embodiment of operating device 105. Figure 5 is a signal flow graph, corresponding to the flow chart of Figure 4, illustrating intrinsic heart signal 500 and frequency bandwidths of portions of sensing circuit 210. At time t_0 , before step 400, sensing circuit 210 includes, among other things, a highpass frequency response that includes at least one highpass pole at or near a first frequency value, f_1 .

At step 400 and time t_1 , if an intrinsic ventricular event, such as QRS complex 505, is sensed or ventricular therapy, such as a ventricular pacing stimulation, is delivered, then at step 405, a highpass pole frequency increases from a first frequency value, f_1 , to a higher second frequency value, f_2 . As a result, sensing circuit 210 is subsequently more likely to reject lower frequency events such as T-wave 510, which includes frequency components below f_2 . Thus, the attenuation of T-wave 510 and other low frequency events is increased immediately after QRS complex 505 is detected. Stated differently, sensing circuit 210 is less sensitive to T-wave detection during a time period immediately following a QRS detection. Sensing circuit is therefore less likely to erroneously detect a particular T-wave 510 as a QRS complex.

At step 410 and time t_2 , the highpass pole frequency of sensing circuit 210 decreases from f_2 back to f_1 . As a result, after the first time period $t_2 - t_1$, sensing circuit 210 is again made more sensitive to QRS complexes, which include frequency components above f_1 . In one embodiment, the highpass pole frequency is switched from f_1 to f_2 at time t_1 , and switched back to f_1 at time t_2 . In another embodiment, the highpass pole frequency is switched from f_1 to f_2 at time t_1 , but the highpass pole frequency is gradually decreased from f_2 back toward f_1 during the first time period $t_2 - t_1$, such that the highpass pole frequency approaches f_1 at time t_2 , as illustrated in Figure 6. In this embodiment, the frequency response is time dependent during the first time period $t_2 - t_1$. In one embodiment, the first time period $t_2 - t_1$ is greater than or equal to 250 milliseconds, such as approximately between 250 milliseconds and 500 milliseconds or at approximately 500 milliseconds. Thus, the first time period, in this embodiment, is sufficiently long to allow the ventricle to repolarize (allow a T-wave) while the sensitivity of the sensing circuit 210 is still reduced. In one embodiment, programmer 125 communicates to device 105 a parameter controlling one of: (a) the frequency response of the sensing circuit, and (b) the duration of the first time period.

Figure 7 is a signal flow graph, similar to Figure 5, illustrating the case of step 400 in which therapy, such as a ventricular pacing stimulation, is delivered at time t_1 , thereby evoking QRS complex 505, and initiating the adjustment in the frequency response of sensing circuit 210 by increasing the highpass pole from f_1 to f_2 for a first time period $t_2 - t_1$ to make the sensing circuit less sensitive to T-wave 510 during the first time period.

Example with Lowpass Pole

Figure 8 is a flow chart illustrating generally, by way of example, but not by way of limitation, another embodiment of operating device 105. Figure 9 is a signal flow graph, corresponding to the flow chart of Figure 8, illustrating intrinsic heart signal 900 and frequency bandwidths of portions of sensing circuit 210. At time t_0 , before step 800, sensing circuit 210 includes, among other things, a lowpass frequency response that includes at least one lowpass pole at or near a first frequency value, f_1 .

At step 800 and time t_1 , if an intrinsic atrial event, such as P-wave 905, is sensed or atrial therapy, such as an atrial pacing stimulation, is delivered, then at step 805, the lowpass pole frequency decreases from first frequency value, f_1 , to a lower second frequency value, f_2 . As a result, sensing circuit 210 is

5 subsequently more likely to reject higher frequency events such as QRS complex 910, which includes frequency components above f_2 . Thus, the attenuation of QRS complex 910 and other high frequency events is increased immediately after P-wave 905 is detected. Stated differently, sensing circuit 210 is less sensitive to QRS complex detection during a time period immediately following

10 a P-wave detection. Sensing circuit is therefore less likely to erroneously detect a particular QRS complex 910 as a P-wave.

At step 810 and time t_2 , the lowpass pole frequency of sensing circuit 210 increases from f_2 to f_1 . As a result, after the first time period $t_2 - t_1$, sensing circuit 210 is more sensitive to P-waves, which include frequency components

15 below f_1 . In one embodiment, the lowpass pole frequency is switched from f_1 to f_2 at time t_1 , and switched back to f_1 at time t_2 . In another embodiment, the lowpass pole frequency is switched from f_1 to f_2 at time t_1 , but the lowpass pole frequency is gradually increased from f_2 back toward f_1 during the first time period $t_2 - t_1$, such that the lowpass pole frequency approaches f_1 at time t_2 , as

20 illustrated in Figure 10. In this embodiment, the frequency response is time dependent during the time period $t_2 - t_1$.

Figure 11 is a signal flow graph, similar to Figure 9, illustrating the case of step 800 in which therapy, such as an atrial pacing stimulation, is delivered at time t_1 , thereby evoking P-wave 905, and initiating the adjustment in the

25 frequency response of sensing circuit 210 by decreasing the lowpass pole from f_1 to f_2 for a first time period $t_2 - t_1$ to make the sensing circuit less sensitive to QRS complex 910 during the first time period.

Example with Lowpass and Highpass Poles

Figure 12 is a flow chart illustrating generally, by way of example, but

30 not by way of limitation, another embodiment of operating device 105. Figure 13 is a signal flow graph of intrinsic heart signal 1300 and frequency bandwidths of portions of sensing circuit 210, corresponding to Figure 12. At time t_0 , before step 800, sensing circuit 210 includes, among other things, a bandpass frequency

response that includes at least one highpass pole at or near a first frequency value, f_1 , and at least one lowpass pole at or near a third frequency value, f_3 .

At step 800 and time t_1 , if an intrinsic sensed event, such as QRS complex 1305, is sensed or therapy, such as a pacing stimulation, is delivered, then at step 1205, the highpass pole frequency increases from first frequency value, f_1 , to a higher second frequency value, f_2 , and the lowpass pole frequency decreases from third frequency value f_3 to a lower fourth frequency value f_4 . As a result, sensing circuit 210 is subsequently more likely to reject frequencies outside the frequency range $f_4 - f_2$, which includes frequencies of QRS complex 1305. Thus, attenuation and rejection of T-wave 1310 is increased immediately after QRS complex 1305 is detected. Stated differently, sensing circuit 210 is less sensitive to T-wave detection during a time period immediately following a QRS complex detection. Sensing circuit 210 is therefore less likely to erroneously detect a particular T-wave 1310 as a QRS complex.

At step 1210 and time t_2 , the highpass pole frequency of sensing circuit 210 decreases from f_2 back to f_1 , and the lowpass pole frequency of sensing circuit 210 increases from f_4 back to f_3 . As a result, after the first time period $t_2 - t_1$, such as during the time period $t_3 - t_2$, sensing circuit 210 is made again more sensitive to T-waves. In one embodiment, the lowpass and highpass pole frequency are switched at time t_1 and switched back at time t_2 . In another embodiment, the lowpass and highpass pole frequencies are switched at time t_1 , and then gradually returned toward their original values during the first time period $t_2 - t_1$, as illustrated in Figure 14. In this embodiment, the frequency response is time dependent during the time period $t_2 - t_1$.

Figure 15 is a signal flow graph, similar to Figure 13, illustrating the case of step 1200 in which therapy, such as a pacing stimulation, is delivered at time t_1 , thereby evoking QRS complex 1305, and initiating the adjustment in the frequency response of sensing circuit 210 to make the sensing circuit less sensitive to T-wave 1310 during the first time period $t_2 - t_1$.

30 Example with Frequency and Gain Adjustment

Figure 16 is a schematic diagram illustrating generally, by way of example, but not by way of limitation, another embodiment of device 105 in which controller 220 further includes a gain control module 1600, which

provides control signals to a bandpass filter 1605 in sensing circuit 210 for controlling at least one passband gain contributing to the overall frequency response of sensing circuit 210, in addition to the frequency control module 225 that controls at least one frequency bandwidth of bandpass filter 1605 in sensing circuit 210.

Figure 17 is a flow chart illustrating generally, by way of example, but not by way of limitation, another embodiment of operating device 105 in which both the frequency bandwidth and gain are adjusted in response to a detected event obtained from the intrinsic heart signal and/or an evoked event obtained by providing therapy (e.g., a pacing stimulation) from therapy circuit 215. Figure 18 is a signal flow graph, corresponding to the flow chart of Figure 17, that illustrates intrinsic heart signal 1800 and frequency bandwidths of portions of sensing circuit 210. At time t_0 , before step 1700, sensing circuit 210 includes, among other things, a bandpass frequency response that includes at least one highpass pole at or near a first frequency value, f_1 , and at least one lowpass pole at or near a third frequency value, f_3 , and a first passband gain of approximately G_1 .

At step 1700 and time t_1 , if an intrinsic sensed event, such as QRS complex 1805, is sensed or therapy, such as a pacing stimulation, is delivered, then at step 1705, the highpass pole frequency increases from first frequency value, f_1 , to a higher second frequency value, f_2 , the lowpass pole frequency decreases from third frequency value f_3 to a lower fourth frequency value f_4 , and the passband gain decreases from G_1 to a second passband gain of approximately G_2 . As a result, sensing circuit 210 is subsequently less sensitive. Thus, attenuation and rejection of T-wave 1810, having frequency components that are very close in frequency to frequency components of QRS complex 1805, is increased immediately after QRS complex 1805 is detected. Stated differently, sensing circuit 210 is less sensitive to T-wave detection during a time period immediately following a QRS complex detection. Sensing circuit 210 is therefore less likely to erroneously detect a particular T-wave 1810 as a QRS complex.

At step 1810 and time t_2 , the highpass pole frequency of sensing circuit 210 decreases from f_2 back to f_1 , the lowpass pole frequency of sensing circuit

210 increases from f_4 back to f_3 , and the passband gain increases from G_2 to G_1 . As a result, after the first time period $t_2 - t_1$, such as during the time period $t_3 - t_2$, sensing circuit 210 is made again more sensitive to T-waves. In one embodiment, the lowpass and highpass pole frequencies and the passband gain are switched at time t_1 and switched back at time t_2 . In another embodiment, the lowpass and highpass pole frequencies and passband gain are switched at time t_1 , and then gradually returned toward their original values during the first time period $t_2 - t_1$, as illustrated in Figure 19. In this embodiment, both the gain and the bandwidth of the frequency response are time dependent during the time period $t_2 - t_1$.

Figure 20 is a signal flow graph, similar to Figure 19, illustrating the case of step 1800 in which therapy, such as a pacing stimulation, is delivered at time t_1 , thereby evoking QRS complex 1805, and initiating the adjustment in the gain and frequency response of sensing circuit 210 to make the sensing circuit less sensitive to T-wave 510 during the first time period $t_2 - t_1$. Although Figures 18 - 20 illustrate using the same time period for adjusting the gain and bandwidth, it is understood that different time periods can be used for adjusting the gain and bandwidth. For example, an event can trigger a first time period over which the frequency bandwidth is reduced, and also trigger a second time period, different from the first time period, over which the gain is reduced.

Conclusion

The above-described system provides, among other things, a cardiac rhythm management system with a time-dependent frequency response for sensed heart signals. A change in the frequency response is triggered by a sensed or evoked event to make it less sensitive to the detection of a subsequent event for a period of time. This provides better discrimination between particular events included in a heart signal so that appropriate therapy can be delivered to the patient based such events.

It is to be understood that the above description is intended to be illustrative, and not restrictive. Although particular embodiments have been described, combinations of such embodiments are understood to be included within the scope of the invention. Many other embodiments will be apparent to those of skill in the art upon reviewing the above description. The scope of the

invention should, therefore, be determined with reference to the appended claims, along with the full scope of equivalents to which such claims are entitled.